

lent health. Two ulterior pregnancies in the same case also terminated happily.

Whenever the physician finds himself in the presence of a series of miscarriages, occurring in a healthy woman of good constitution, he should commence to suspect that these accidents are due solely to the syphilis of the father, who has destroyed his child in the womb of its mother.

Another important point is: a syphilitic father may transmit the disease to his wife, and then, the father and mother being syphilitic, what will be the condition of the children?

Three alternatives present themselves:—

1. The child will perish in utero, and that is assuredly the best for the child.

2. He will be born at term, but infected with the disease.

3. He will survive with his health compromised and exposed to all the alternatives of disease.

a. For the first case—death in utero—experience has demonstrated its frequency; thousands of cases sufficiently prove its occurrence: all the observations are so exactly in concord that they appear stereotyped. The pernicious influence continues to be felt even in ulterior pregnancies; there has been observed series of four, six, and seven successive pregnancies terminating always the same way, in miscarriage. I have seen, at the Lourcine Hospital, a young woman, strong and of splendid constitution, who married in her nineteenth year, and had three successful pregnancies. Her husband, in an extra conjugal adventure, contracted syphilis, communicated it to his wife, who became enceinte and miscarried in the fifth month; a second pregnancy terminated in premature labor, the child being dead; a third, a fourth, a fifth pregnancy had the same ending; the sixth terminated in miscarriage, in the third month; the seventh at the sixth week, in the same way. This case is extremely interesting—seven miscarriages succeeding three successful pregnancies and supervening after transmission of the disease.

b. In another series of cases the child is born living, but infected with the disease, and is consequently exposed to all the dangers of infantile syphilis, from which, by careful nursing and attention, a few infants may be saved, but the great majority perish.

c. It is possible that the child escape death and the disease also, but the influence of the hereditary taint will show itself in another way; by the natural debility which characterizes the most of these children, who are weakly, wrinkled, like old men, and of very poor constitution; nothing attests the existence of syphilis, but they are so puny that they cannot survive and usually succumb, wasting away gradually, without any apparent disease, no particular lesions being found at the autopsy.

Or, again, they have certain morbid predispositions: 1st. They are born hydrocephalic, or frequently become so. 2nd. They are very frequently subject to nervous troubles, to epilepsy, while they

are very young, and later to convulsions; they very often die in simple convulsions. Finally, they are generally lymphatic, and have feeble vital resistance to scrofula. But scrofula is not, on this account, a metamorphosis of syphilis, as has been erroneously pretended; it is a fixed morbid entity, just as is syphilis; it is, however, incontestable, that venereal disease constitutes a predisposition to scrofula, inasmuch as it is a debilitating, asthenic malady, acting on the organism in the same deleterious manner as insufficient nourishment, confined, impure air, and crowding in small, humid tenements.

Do not depart thinking I have exaggerated in drawing so sombre a picture; I have but presented to you what I have but too often seen, these hidden family dramas which are a veritable social misery. I will cite but a few cases taken at random; here it is one of the most popular actors in one of the great theatres, who, having contracted syphilis, treated it with supreme indifference. Happily he did not infect his wife and had a healthy child, but he was attacked himself later on by a syphilitic ulceration, which took on a phagedenic form. I was unable to arrest its ravages, and it invaded successfully the face, nose, upper lip, soft plate, and pharynx, and in the end caused the unhappy being to become an object of horror and disgust to all about him.

In another case an artist, a painter, contracted syphilis; the disease was incompletely treated, and he was attacked with an affection of the eyes which finally caused complete loss of vision, and the unfortunate was obliged to apply to the public Board of Charities to save himself from starvation. I could not finish if I undertook to recount all the sad social calamities I have witnessed. What should be said of the author responsible for all these evils? He is more ignorant than guilty, and it is a duty we owe to society to instruct the public concerning these dangers they ignore.—*Med. and Surg. Reporter*, Phila., Jan. 22.

STIGMATA OF MAIZE.

Last winter and again this spring the *News* called the attention of its readers to corn-silk, technically stigmata of maize, as a remedy in nephritic and cystic troubles, etc. The medicinal properties of corn-silk were brought to the notice of the profession by Dr. Dufau, a French Physician, in *Le Courrier Médical*. He commends the remedy in uric and phosphatic gravel, chronic cystitis, mucous and muco-purulent cystic catarrh, and in cardiac and nephritic dropsy. Dufau has given it without injury for three months at a time. He has known it to triple and even quintuple the quantity of urine passed in twenty-four hours. He says that in decoction it is unreliable and uncertain. He gives it in a syrup largely diluted, upon an empty stomach. Stigmata of maize is said to have been used time immemorial by the Mexicans.